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Revision: HCFA-AT-80-38

(BPP)

OMB No.: 0938-0193

May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State of VIRGINIA | | |
|---|------|--|
| Citation | | |
| 42 CFR 1002.203 AT-79-54 48 FR 3742 | 4.30 | Exclusion of Providers and Suspension of Practitioners and Other Individuals |
| 51 FR 34772 | | (a) All requirements of 42 CFR Part 1002, Subpart B are met. |
| | | The agency, under the authority of State law, imposes broader sanctions |

79-05 TN No. Approval Date 10/11/79 Effective Date 06/30/79 Supersedes TN No.

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Revision:

HCFA-AT-87-14

(BERC)

OMB No.: 0938-0193

October, 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

1902(p) of the Act, P.L. 100-93 (Sec.7) (b) The Medicaid agency meets the requirements of--

- (1) §1902(p) of the Act by excluding from participation--
 - (A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with §1128, 1128A, or 1866(b)(2).
 - (B) Any HMO (as defined in §1903(m) of the Act) or an entity furnishing services under a waiver approved under §1915(b)(1) of the Act, that-
 - (i) Could be excluded under §1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
 - (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in §1128(b)(8)(B) of the Act.

TN No. 88-02 Approval Date 03/18/88 Effective Date 01/01/88

Supersedes
TN No. N/A HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14

(BERC)

OMB No.: 0938-0193

October, 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State of V | 'IRGINIA |
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| State of VIRGINIA | | |
|--|-----------|---|
| Citation | | |
| 1902(a)(39) of the | (2) | §1902(a)(39) of the Act by |
| Act, P.L. 100-93 (§8(f)) | | (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with §1128 or 1128A of the Act; and |
| | | (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period. |
| | (c) The M | Medicaid agency meets the requirements of |
| 1902(a)(41) of the Act P.L. 96-272 (§308(c)) | (1) | §1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and |
| 1902(a)(49) of the Act P.L. 100-93 | (2) | §1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and |

providers by State licensing authorities in accordance

with §1921 of the Act.

TN No. Effective Date 01/01/88 88-02 Approval Date 03/18/88 Supersedes HCFA ID: 1010P/0012P

TN No. N/A

 $(\S 5(a)(4))^{\cdot}$